

Virginia Department of Health, Test to Stay Guidance

Weekly Data Collection Worksheet

This form is a resource for a school's internal use to help track Test to Stay participants and test kit inventory before completing the weekly data reporting survey: <https://redcap.link/VDHtestkitreporting>.

This form SHOULD NOT be sent back to School Support Unit or VDH

Date enrollment in Test to Stay Began:

This data pertains to the following weekly time frame:

Monday, ___/___/___ (Start Date MM/DD/YY) through Sunday, ___/___/___ (End Date MM/DD/YY)

| Student Name* Identified as as close contact | Eligible for Test to Stay? Circle Yes or No | Chose to Participate in Test to Stay? Circle Yes or No | If opting out, what was the reason? Circle ONE: D - Declined M - Refused/Una ble to Mask G - Refused/Un willing to follow Guidance O - Other | If reason for opting out was "other" please provide additional detail here. | If the student was in Test to Stay, but had to isolate/ quarantine at home, what was the reason why? Circle all that apply: + - Tested Positive Sx - Has Symptoms M - Unable to Wear Mask O - Other | If the reason for isolating/qu aranting at home was "other" please provide additional detail here. | How many test kits was the student given? | How many test kits did the student use? |
|--|---|---|---|--|---|---|---|--|
| | Yes / No | Yes / No | D / M / G/ O | | + / Sx / M / O | | | |
| | Yes / No | Yes / No | D / M / G/ O | | + / Sx / M / O | | | |

| | | | | | | | | |
|---------------------------|----------------------|---------------------|----------------------|--|-----------------------|--|--|--|
| | Yes / No | Yes / No | D / M / G / O | | + / Sx / M / O | | | |
| | Yes / No | Yes / No | D / M / G / O | | + / Sx / M / O | | | |
| | Yes / No | Yes / No | D / M / G / O | | + / Sx / M / O | | | |
| | Yes / No | Yes / No | D / M / G / O | | + / Sx / M / O | | | |
| | Yes / No | Yes / No | D / M / G / O | | + / Sx / M / O | | | |
| | Yes / No | Yes / No | D / M / G / O | | + / Sx / M / O | | | |
| Total for the week | (All yes) responses) | (All yes Responses) | D: M: G: O: | | +: Sx: M: O: | | | |

****Note: As this form includes student names, it should be stored securely and this information is NOT to be sent to VDH or the School Support Unit.**

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|---|--|
| Test Kit inventory at start of the week | |
| Test Kit inventory at end of the week | |